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TRIPURA GAZETTE

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PART—II— Advertisements, Notices.

ANNEXURE I

FORMAT OF AN AFFIDAVIT FOR TRIPURA STATE GOVERNMENT EMPLOYEE

FOR CHANGE OF NAME/SURNAME

BY THIS AFFIDAVIT I the undersigned **Shipra Rani Das Debnath**, W/O-Late Paritosh Debnath, D/O-Late Banamali Das, Resident of Badharghat, Matri Palli, P.O.-Siddhi Ashram, P.S- Amtali, Dist. West Tripura, by faith-Hindu, Indian Citizen lately Called **Shipra Rani Das** (Former name) employed as **Nursing Officer** (Designation of the post held at the time by the Govt. Servant) at Office of the **I.G.M. Hospital, Agartala, Tripura West** (place where employed in the Department/Office of the State Government) do hereby:-

1. Wholly renounce, relinquish and abandon on the use of my former name of. **Shipra Rani Das** and in place thereof do assume from the date thereof the name of **Shipra Rani Das Debnath** and so that I may hereafter be called known and distinguished not by my former name of **Shipra Rani Das** but by my assumed name of **Shipra Rani Das Debnath**.

2. For the purpose of evidence such my determination declare that I shall at all times. hereafter in all records, deeds and writings and in all proceedings, dealings and transactions private as well as public and upon all occasions whatsoever use and sign the name of **Shipra Rani Das Debnath** as my name in place of and in substitution for my former name of **Shipra Rani Das.**

3. Expressly authorities and request all persons at all times hereafter to designate and address me by such assumed name of **Shipra Rani Das Debnath**.

4. In witness whereof I have here unto subscribed my former and adopted name of **Shipra Rani Das Debnath** and **Shipra Rani Das** affixed my seal this 17th day of July, 2026.

Shipra Rani Das Debnath

Old Signature..... Shipra Rani Das

New Signature..... Shipra Rani Das Debnath

Signed and delivered by the above

Named **SHIPRA RANI DAS DEBNATH**

Formerly **SHIPRA RANI DAS** in the presence of.

Witness No.1
Signature.....
Name....DR. SUBRATA BISWAS
Designation.....MD....THS On. Dy
Official Address.....IGM.....Hospital
(With Rubber Stamp) **DR. SUBRATA BISWAS**
MS ENT, HOD
I/C DEPARTMENT OF ENT
IGM Hospital, Agartala,Tripura

Witness No.2
Signature.....
Name....DR. RITUPARNA DE
Designation..M.O. Gr. III & THS.
Official Address..IGM Hospital, Agartala
(With Rubber Stamp) DR. RITUPARNA DE
M.B.B.S., D.L.O.
IGM Hospital, ENT Dept

Identified by me

Manish Bhattacharya
Advocate

14/7/26
SUDIP KUMAR TARAN
NOTARY, Govt. of Tripura
Agartala, West Tripura
Regd. No-35 of 2017